

103^D CONGRESS
1ST SESSION

S. 52

To amend the Public Health Service Act to establish a program to provide information and technical assistance and incentive grants to encourage the development of services that facilitate the return to home and community of individuals awaiting discharge from hospitals or acute care facilities who require managed long-term care, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JANUARY 21 (legislative day, JANUARY 5), 1993

Mr. FEINGOLD introduced the following bill; which was read twice and referred to the Committee on Labor and Human Resources

A BILL

To amend the Public Health Service Act to establish a program to provide information and technical assistance and incentive grants to encourage the development of services that facilitate the return to home and community of individuals awaiting discharge from hospitals or acute care facilities who require managed long-term care, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Hospital to Home- and
3 Community-Care Linkage Development and Incentive
4 Grant Program”.

5 **SEC. 2. FINDINGS.**

6 Congress finds that—

7 (1) demonstration programs and projects have
8 been developed to offer care management to hos-
9 pitalized individuals awaiting discharge who are in
10 need of long-term health care services that meet in-
11 dividual needs and preferences in home- and commu-
12 nity-based settings as an alternative to long-term
13 nursing home care or institutional placement; and

14 (2) there is a need to disseminate information
15 and technical assistance to hospitals and State and
16 local community organizations regarding such pro-
17 grams and projects and to provide incentive grants
18 to State and local public and private agencies, in-
19 cluding area agencies on aging, to establish and ex-
20 pand programs that offer care management to indi-
21 viduals awaiting discharge from acute care hospitals
22 who are in need of long-term care so that services
23 to meet individual needs and preferences can be ar-
24 ranged in home- and community-based settings as
25 an alternative to long-term placement in nursing
26 homes or other institutional settings.

1 **SEC. 3. DISSEMINATION OF INFORMATION, TECHNICAL AS-**
 2 **SISTANCE AND INCENTIVE GRANTS TO AS-**
 3 **SIST IN THE DEVELOPMENT OF HOSPITAL**
 4 **LINKAGE PROGRAMS.**

5 Part C of title III of the Public Health Service Act
 6 (42 U.S.C. 248 et seq.) is amended by adding at the end
 7 thereof the following new section:

8 **“SEC. 327B. DISSEMINATION OF INFORMATION, TECHNICAL**
 9 **ASSISTANCE AND INCENTIVE GRANTS TO AS-**
 10 **SIST IN THE DEVELOPMENT OF HOSPITAL**
 11 **LINKAGE PROGRAMS.**

12 “(a) DISSEMINATION OF INFORMATION.—The Sec-
 13 retary shall compile, evaluate, publish and disseminate to
 14 appropriate State and local officials and to private organi-
 15 zations and agencies that provide services to individuals
 16 in need of long-term health care services, such information
 17 and materials as may assist such entities in replicating
 18 successful programs that are aimed at offering care man-
 19 agement to hospitalized individuals who are in need of
 20 long-term care so that services to meet individual needs
 21 and preferences can be arranged in home- and community-
 22 based settings as an alternative to long-term nursing home
 23 placement. The Secretary may provide technical assistance
 24 to entities seeking to replicate such programs.

25 “(b) INCENTIVE GRANTS TO ASSIST IN THE DEVEL-
 26 OPMENT OF HOSPITAL LINKAGE PROGRAMS.—The Sec-

1 retary shall establish a program under which incentive
 2 grants may be awarded to assist private and public agen-
 3 cies, including area agencies on aging, and organizations
 4 in developing and expanding programs and projects that
 5 facilitate the discharge of individuals in hospitals or other
 6 acute care facilities who are in need of long-term care serv-
 7 ices and placement of such individuals into home- and
 8 community-based settings.

9 “(c) ADMINISTRATIVE PROVISIONS.—

10 “(1) ELIGIBLE ENTITIES.—To be eligible to re-
 11 ceive a grant under subsection (b) an entity shall
 12 be—

13 “(A)(i) a State agency as defined in sec-
 14 tion 102(43) of the Older Americans Act of
 15 1965; or

16 “(ii) a State agency responsible for admin-
 17 istering home and community care programs
 18 under title XIX of the Social Security Act; or

19 “(B) if no State agency described in sub-
 20 paragraph (A) applies with respect to a particu-
 21 lar State, a public or nonprofit private entity.

22 “(2) APPLICATIONS.—To be eligible to receive
 23 an incentive grant under subsection (b), an entity
 24 shall prepare and submit to the Secretary an appli-
 25 cation at such time, in such manner and containing

1 such information as the Secretary may require, in-
2 cluding—

3 “(A) an assessment of the need within the
4 community to be served for the establishment
5 or expansion of a program to facilitate the dis-
6 charge of individuals in need of long-term care
7 who are in hospitals or other acute care facili-
8 ties into home- and community-care programs
9 that provide individually planned, flexible serv-
10 ices that reflect individual choice or preference
11 rather than nursing home or institutional set-
12 tings;

13 “(B) a plan for establishing or expanding
14 a program for identifying individuals in hospital
15 or acute care facilities who are in need of indi-
16 vidualized long-term care provided in home- and
17 community-based settings rather than nursing
18 homes or other institutional settings and under-
19 taking the planning and management of indi-
20 vidualized care plans to facilitate discharge into
21 such settings;

22 “(C) assurances that nongovernmental
23 case management agencies funded under grants
24 awarded under this section are not direct pro-
25 viders of home- and community-based services;

1 “(D) satisfactory assurances that adequate
2 home- and community-based long term care
3 services are available, or will be made available,
4 within the community to be served so that indi-
5 viduals being discharged from hospitals or acute
6 care facilities under the proposed program can
7 be served in such home- and community-based
8 settings, with flexible, individualized care which
9 reflects individual choice and preference;

10 “(E) a description of the manner in which
11 the program to be administered with amounts
12 received under the grant will be continued after
13 the termination of the grant for which such ap-
14 plication is submitted; and

15 “(F) a description of any waivers or ap-
16 provals necessary to expand the number of indi-
17 viduals served in federally funded home- and
18 community-based long term care programs in
19 order to provide satisfactory assurances that
20 adequate home- and community-based long
21 term care services are available in the commu-
22 nity to be served.

23 “(3) AWARDING OF GRANTS.—

24 “(A) PREFERENCES.—In awarding grants
25 under subsection (b), the Secretary shall give

1 preference to entities submitting applications
2 that—

3 “(i) demonstrate an ability to coordi-
4 nate activities funded using amounts re-
5 ceived under the grant with programs pro-
6 viding individualized home- and commu-
7 nity-based case management and services
8 to individuals in need of long term care
9 with hospital discharge planning programs;
10 and

11 “(ii) demonstrate that adequate home-
12 and community-based long term care man-
13 agement and services are available, or will
14 be made available to individuals being
15 served under the program funded with
16 amounts received under subsection (b).

17 “(B) DISTRIBUTION.—In awarding grants
18 under subsection (b), the Secretary shall ensure
19 that such grants—

20 “(i) are equitably distributed on a ge-
21 ographic basis;

22 “(ii) include projects operating in
23 urban areas and projects operating in rural
24 areas; and

1 “(iii) are awarded for the expansion of
2 existing hospital linkage programs as well
3 as the establishment of new programs.

4 “(C) EXPEDITED CONSIDERATION.—The
5 Secretary shall provide for the expedited consid-
6 eration of any waiver application that is nec-
7 essary under title XIX of the Social Security
8 Act to enable an applicant for a grant under
9 subsection (b) to satisfy the assurance required
10 under paragraph (1)(D).

11 “(4) USE OF GRANTS.—An entity that receives
12 amounts under a grant under subsection (b) may
13 use such amounts for planning, development and
14 evaluation services and to provide reimbursements
15 for the costs of one or more case managers to be lo-
16 cated in or assigned to selected hospitals who
17 would—

18 “(A) identify patients in need of individ-
19 ualized care in home- and community-based
20 long-term care;

21 “(B) assess and develop care plans in co-
22 operation with the hospital discharge planning
23 staff; and

24 “(C) arrange for the provision of commu-
25 nity care either immediately upon discharge

1 from the hospital or after any short term nurs-
2 ing-home stay that is needed for recuperation
3 or rehabilitation;

4 “(5) DIRECT SERVICES SUBJECT TO REIM-
5 BURSEMENTS.—None of the amounts provided
6 under a grant under this section may be used to
7 provide direct services, other than case management,
8 for which reimbursements are otherwise available
9 under title XVIII or XIX of the Social Security Act.

10 “(6) LIMITATIONS.—

11 “(A) TERM.—Grants awarded under this
12 section shall be for terms of less than 3 years.

13 “(B) AMOUNT.—Grants awarded to an en-
14 tity under this section shall not exceed
15 \$300,000 per year. The Secretary may waive
16 the limitation under this subparagraph where
17 an applicant demonstrates that the number of
18 hospitals or individuals to be served under the
19 grant justifies such increased amounts.

20 “(C) SUPPLANTING OF FUNDS.—Amounts
21 awarded under a grant under this section may
22 not be used to supplant existing State funds
23 that are provided to support hospital link pro-
24 grams.

25 “(d) EVALUATION AND REPORTS.—

1 “(1) BY GRANTEES.—An entity that receives a
2 grant under this section shall evaluate the effective-
3 ness of the services provided under the grant in fa-
4 cilitating the placement of individuals being dis-
5 charged from hospitals or acute care facilities into
6 home- and community-based long term care settings
7 rather than nursing homes. Such entity shall pre-
8 pare and submit to the Secretary a report containing
9 such information and data concerning the activities
10 funded under the grant as the Secretary determines
11 appropriate.

12 “(2) BY SECRETARY.—Not later than the end
13 of the third fiscal year for which funds are appro-
14 priated under subsection (e), the Secretary shall pre-
15 pare and submit to the appropriate committees of
16 Congress, a report concerning the results of the eval-
17 uations and reports conducted and prepared under
18 paragraph (1).

19 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
20 are authorized to be appropriated to carry out this section,
21 \$5,000,000 for each of the fiscal years 1994 through
22 1996.”.